

#### PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Ondall and Date of Request: 730 9 ID# Date of Birth: 10-15-83 Location: 11-14
ID# Date of Birth: 10-15-83Location: 11-14
Nature of problem or request: My legs gave out on me
Signature  DO NOT WRITE BELOW THIS LINE
Date: 7.30.4 Time: 7.520. AM PM Allergies: 7.520 RECEIWED Date: 7.520 Time: 7.520 Receiving Nurse Intials
(S)ubjective: "My leg gave out on me."
(O) bjective wt. 154, Ambulated 5 difficulty, BIP 160170 T 978 P 70 R18
(A)ssessment: Att. in Comf
(P)lan: Follow 1 0 mg
Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  CIRCLE ONE  Check One: ROUTINE() EMERGENCY()  If Emergency was PHS supervisor notified: Yes() No()  Was MD/PA on call notified: Yes() No()
SIGNATURE AND TITLE

GLF1000 7/95

WHITE:

INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



#### PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Hampton Pandael	Date of Request: 6-22-04
	th: 10.15-8 Bocation: 105.
Nature of problem or request: I have a legs i starting to drawn.	
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	Receiving Nurse Intials #
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(A)ssessment:	
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Refer to: MD/PA Mental Health Dental Da	ily Treatment Return to Clinic PRN
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Check One: ROUTINE (X) EMERGENCY (	
If Emergency was PHS supervisor notified:	Yes ( ) No ( )
Was MD/PA on call notified:	Yes ( ) No ( )
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SIC	GNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

	SYSTEM TRANSFER FORM
\TUS	Name: Hampton, Randall
.CF	Number: 326420 Race B W H Other
<u>, 10 103</u>	Age: <u>/9</u> Date of Birth: <u>/0 //5 / 83</u> Sex: M F
<u>055</u> AM PM	rige. T Date of Billi. 10 110 100 Gex (M)
ies: <u>NICOA</u>	Food Handler Approved: Y / N
rent Acute Conditions/Problems:	
Disordu	2017 SOCIAL TELESCRIPTION
Current Medications - Name, Dosage, Fr	
Acute Short-term Medications	: <u> </u>
Chronic Long-term Medications:	nobarbitul & Tregretal
Chronic Psychotropic Medicat	ions: Ø
Current Treatments:	
Follow-up Care Needed:	
Last PPD: 12/20/02 Results 6	
Chronic Clinics: <u>SZ</u>	Specialty Referrals:
Significant Medical History:	
Physical Disabilities/Limitations:	
Assistive Devices/Prosthetics:	Glasses: Contacts:
Mental Health History/Concerns:	
Substance Abuse:  \( \times / N \) Ak / Hx Suicide Attempt: Date:	cohol: 🕢 N Drugs: Ø N
Hx Psychotropic Medičation	
Previous Psychiatric Hospitali	izations Signature and Title Wiffen Date: 9,10,03
TRANSFER RECEPTION SCREI	ENING Receiving
Date: 9 /11 /03 Time: 1860 AI	MEMD Facility: BULOCK
S: Current Complaint: Now	P: Disposition: (Instructions: Check or circle as appropriate)
O mand Madicalian (Translation)	Routine, Sick Call Instructions Given
Current Medications/Treatment:	Emergency Referral
	HIV/TB Instruction Given Physician Referral:
Jee Man	Urgent / Routine
O: Physical Appearance/Behavior:	Medication Evaluation  Work/Program Limitation
	Special Housing
D. (	Specialty Referrals Chronic Clinics Seizimes
Deformities: Acute/Chronic:	Mental Health
т <mark>97 Р 82 R 18 В</mark> /Р/_	OTHER
A:	Infirmary Placement Other:
- Mew Intake	
CMS 7190	Signature and Title

### INTRASYSTEM TRANSFER FORM

ALTH STATUS	Name: 40	enstry Rand	Pall
insferring	Number:	116910	Race; B) W H Other
Date: 9 14103	Age:		115183 Sex: M F
Time: //43 (AM) PM	Age		
Allergies: Wha	<b>1</b> 1	Food Handler App	Prehaurou
Current Acute Conditions/Problems:	Ming Duly	- 300	
Chronic Conditions/ Problems: 3 che	ead infu	<del></del>	
Current Medications - Name, Dosage, Fr	equency, Duratio	on:	0.00
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Chronic Long-term Medications:	nvbårb 64.8	(mg.13,1,D, Corle	magapise 400mg. B.I.D
Chronic Psychotropic Medica	ions: <u>Raa</u>	Reen tried on s	eneral
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Substance Abuse: Y /(N) A  ———————————————————————————————————			
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Previous Psychiatric Hospita	alizations	Signature and Title	Partipate: 09,04,2003
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TRANSFER RECEPTION SCRE Date: 8 104 03 Time: @33	AM PM	Facility:	
Date: <u>D / 09/03</u> Time. <u>Corp.</u>	AIV ( ) JUD	P: Disposition: (Inst	ructions: Check or circle as appropriate)
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Current Medications/Treatment:			Emergency Referral
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Tegrelal-400mg BID Phenoporbital-60mg@	4A+5pm		Physician Referral:
			Urgent / Routine  Medication Evaluation
O: Physical Appearance/Behavior:			Work/Program Limitation
Fair Good Rehaman @	present		Special Housing
Jimo	-		Specialty Referrals
Deformities: Acute/Chronic:	7		Chronic Clinics Mental Health
T 028 P 74 BAD B/P 132	168		OTHER Infirmary Placement
	Altered 19/2	Other:	minimary i adomon
Rimental Status		E. Walter	tpm
***		6. Will	Signature and Title

Case 2:06-cv-00400-MH Document 32-7 Filed 11/20/2006 Page 5 of 20
Heal Services Request Forn
nate Name Randell Hanpton Date of Request 5/12/02
AIS No. $226420$ Date of Birth $0ct$ , 18 83 Housing Loc $5-2$
Nature of problem or request My Leg(Left) has been real weak and giving
me problems. I also have Fluid IN my Right Elbow that needs
to be booked at and I need to tack too the Darrent
The state of the s
Sign here for consent to be treated by health staff for the condition described above Rondell Harry for
Place this slip in Medical Box or designated area
DO NOT WRITE BELOW THIS LINE
Health Care Documentation
realin Care Documentation
Subjective "I have weakness in my llops"
Objective: $BP = \frac{122}{74}$ P   114 R 20 Sat 990 WT   160 \$
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Assessment: The Assessment Assess
Assessment: Alteration in Comfort  Plan: To see MD in AM
Refer to: PA/ Physician Mental Health Dental
Education Petturn in AM to sick Call
Protocol used (specify)
Signature 1 Title RN Time 0045Date 3-13-03



GLF1000 7/95

### PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Date of Birth: 10/15/83 Location:  Nature of problem or request: Zgof BAD Norts on  Both 1egs all over me please H.  Quick, I need Help Bleeding  my leg heops giving out.  Padelformon Signature  DO NOT WRITE BELOW THIS LINE	_11-8_
Both legs all over me please H.  Quick, I need Help Bleeding my heg heaps giving out.  Rodelforfol Signature  DO NOT WRITE BELOW THIS LINE	010
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my leg heaps giving out. Rodelforpol Signature DO NOT WRITE BELOW THIS LINE	
Rowell for for Signature DO NOT WRITE BELOW THIS LINE	100·
DO NOT WRITE BELOW THIS LINE	
DO NOT WRITE BELOW THIS LINE	
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Time: AM PM RECEIVED	
Allergies: Date:	
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Receiving Nurse Intials _	
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Refer to: MD/PA Mental Health Dental Daily Treatment Return to CIRCLE ONE	to Clinic PRN
Check One: ROUTINE() EMERGENCY()	
If Emergency was PHS supervisor notified: Yes () No ()	
Was MD/PA on call notified: Yes () No ()	
SIGNATURE AND TITLE	***************************************
WHITE: INMATES MEDICAL FILE	

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



## INFIRMARY NURSING PROGRESS NOTES

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### **PROGRESS NOTES**

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Case 2:06-cv-00400-MHT-CSC Document 32-7 Filed 11/20/2006 Page 9 of 20 221420

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### **PROGRESS NOTES**

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# PHYSICIAN PROGRESS NOTES

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### Document 32-7 NAPHCARE PHYSICIAN'S PROGRESS NOTES

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PHYSICIAN'S PROGRESS NOTES

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### NAPHCARE CHYSICIAN'S PROGRESS NOTES

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PHYSICIAN'S PROGRESS NOTES

### IEDICATION ADMINISTRATION RECORD

07/01/2005

(BUL-465) BULLOCK CORRECTIONAL FAC

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RX: 7201463 SIDDIO, M.D., TAHIR . MD			المرازيات في في المرازية			
START - 04/06/2005 STOP - 10/02/2005	1100 See MAM	1300L	a leg an leg kalan anten girtak kalendah			
CARBAMAZEPINE (TEGRETOL-CHEW) 100MG TAB TAKE 3 TABLET(5) BY MOUTH (300MG) 3 TIME		- \$ 78 (5 12 13 ) 15 (3 17 18 ) 	19 55 66 68 68 2 2 58 15 15 15 15 15 15 15 15 15 15 15 15 15			
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HAMPTON, RANDALL		226420	RTI( BII			

### EDICATION ADMINISTRATION RECORD

07/01/2005

(RIE -AAS) RIELINCY CORRECTIONAL FAC

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Case 2:06-cv-00400-MHT-CSC Document 32-7 Filed 11/20/2006 Page 18 of 20 **EDICATION ADMINISTRATIO RECORD** 06/01/2005 (BUL-465) BULLOCK CORRECTIONAL FAC OTO: 3/10/11/01/6 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 CARBAMAZEPINE (TEGRETOL-CHEW) 100MG TAB TAKE 3 TABLET(S) BY MOUTH (=300MG) 3 TIMES  $\mathcal{O}\mathcal{L}\mathcal{O}\mathcal{O}$  NO DAILY 6983879 SIDDIO, M.D., TAHIR , MD RX: START - 02/19/2005 STOP - 06/14/2005 PHENOBARBITAL SOME TAB TAKE I TABLET (S) BY MOUTH TWICE DAILY 7201463 SIDDIO, M.D., TAHIR , MD START - 04/06/2005 STOP - 10/02/2005 200mg Pro ted X 100 day 6-3-05 9-305 THE MANGE OF THE PARTY POR PORTER POR 0400 1100 1700 HARLEST WATER No September 10

# HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE HARTING FOR 05/01/2005 THROUGH 06/30/2005 Tysician SIDDIO, N.D., TAHIR Telephone No Alt. Telephone 1 Physician Alt. Telephone

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BED FACILITY CODE

BILL-465

HAMPTON, RANDALL

PATIENT COOE 226420

RTU

Filed 11/20/2006 Page 19 of 20

DICATION ADMINISTRATION CORD (DUL-465) BULLOCK CORRECTIONAL FAC 701/2005 RBAMAZEFINE (TEGRETOL-CHEW) 100MG TAB (=300mg) 3 TIMES HE 3 TABLET (5) BY PERITH 0400 1100 121 HILY 6783877 SIDDIO, N.D., TAHIR , ND HENOBARBITAL SOME TAB AKE 1 TABLET(5) BY MOUTH TWICE DAILY GOPO mm hon bon. 7201463 SIDDIO, H.D , TAHIR , MD TART - 04/06/2005 STOP - 10/02/2005 1700 NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE THROUGH 06/30/2005 06/01/2005 Telaphone No Medical Record No SIDDIO, M.D., TAHIR Alt Talaphone HOME KHOWH Renabilitati..e Potential Complete Entries Checked:

HAMPTON, RANDALL 226420

TITIE: FOOM NO 226420 RTU

BED FACILITY CODE

### CATION ADMINISTRATION RELJRD

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